

DPH Director Participates in March of Dimes Congressional Briefing on Infant and Maternal Health

Washington D.C. – Division of Public Health (DPH) Director Dr. Karyl Rattay participated in a Congressional briefing for members of the U.S. Senate and U.S. House of Representatives on Capitol Hill today, November 7, 2019, regarding maternal and infant health as part of a panel discussion hosted by March of Dimes. The briefing, “Making the Grade on Maternal and Child Health: 2019 March of Dimes Report Card,” addressed efforts across the country to prevent preterm birth and improve infant and maternal health. According to the 2019 March of Dimes Report Card released Monday, Delaware received a grade of “C+” based in part on its 2018 preterm birth rate of 9.6% of live births, which is lower than the national rate of 10.02%, and a decrease from the state’s rate of 10.2% the year before. March of Dimes’ preterm birth rate goal is 8.1% by 2020.

Dr. Rattay’s presentation focused on the state’s efforts to address birth equity through addressing social determinants of health, the Delaware Contraceptive Access Now (Delaware CAN) initiative, the importance of collaboration and partnerships, and the importance of sustained federal funding.

“I am honored to be asked to share information about the incredible work that is occurring in Delaware to improve health outcomes for mothers and babies,” said Dr. Rattay, who was invited to participate by March of Dimes and the Association of State and Territorial Health Officials (ASTHO). “In spite of the significant progress we have made, it remains true that too many babies in Delaware do not live to see their

first birthday. Premature birth and its complications are the largest contributor to infant mortality in the U.S. Preventing preterm births is vital for healthier babies and mothers.”

Dr. Rattay discussed Delaware’s historically high infant mortality rate and the significant racial disparities that exist. While the state experienced a 22% reduction in infant mortality between 2000 and 2017, Delaware’s infant mortality rate of 7.3 deaths per 1,000 live births in 2013-2017 is still significantly higher than the national rate of 5.9 deaths per 1,000 live births in 2013-2017.

The leading cause of infant mortality is premature birth, and such births have both short-term and long-term negative impacts, and disproportionately impact women of color. Black infants in Delaware are more than twice as likely as white infants to die before their first birthday. Factors such as obesity, diabetes, hypertension, chronic disease, smoking, stress, race and racism, genetics, infection, and maternal age, along with multiple social determinants, all contribute to premature death and infant mortality.

In Delaware, black women have an infant mortality rate of 12.5 deaths per 1,000, which is approximately two and a half times that of white women, for which the infant mortality rate is 5.1 deaths per 1,000 live births.

“We can do better and are committed to doing so,” said Dr. Rattay. “The available research is clear that the path to more significant and sustained improvement in the statewide rate and eliminating the persistent racial disparity lies in addressing the social determinants of health.” Social determinants of health are the 90% of what affects a patient’s health that have nothing to do with clinical care, such as housing, transportation, employment, public safety, income, substance use, or how close they live to a grocery store, park or health care provider. “Everyone has the right to live in a society that values health equity – one in which everyone has

an equal opportunity to make decisions that allow them to live a long, healthy life, regardless of income and education levels, race, or ethnicity.”

Dr. Rattay also focused on unintended pregnancy in Delaware and the success of the Delaware CAN initiative. Extensive data show that unplanned pregnancies have been linked to increased health problems in women and their infants, lower educational attainment, higher poverty rates, and increased health care and societal costs. In 2010, 57% of Delaware’s 11,000 births were unintended, which was one of the highest in the nation.

Through the Delaware CAN Initiative, a public-private partnership in collaboration with Upstream USA, the state has worked since 2014 to ensure all women of reproductive age in Delaware, regardless of insurance or ability to pay, have same-day access to the full range of contraceptive methods at low or no cost. The initiative has included policy changes, trainings and technical assistance to clinical sites, and the development of a statewide public awareness campaign, “Be Your Own Baby.”

Child Trends, a research organization focused on improving the lives of children and youth, performed an evaluation and issued a report using available contraceptive data from 2014 to 2017 in Delaware among Delaware Title X family planning clients ages 20-39. The observed movement from moderately effective contraception to highly effective long-acting reversible contraception paired with a small decrease in no method, was linked to a simulated 24% decrease in the unintended pregnancy rate among this population. As financial support through the partnership ends, DPH has developed a sustainability plan to leverage both federal Title X and state funding to support best practices in contraceptive counseling and the integration of existing DPH programs to support uninsured women.

Dr. Rattay also pointed out the state’s work in improving

birth outcomes for Delaware families would not be possible without the collaboration of various stakeholders and partners, such as the Delaware Healthy Mother and Infant Consortium (DHMIC), Delaware Perinatal Quality Collaborative, and the Delaware Maternal Mortality Review program.

The DHMIC has recently undertaken an aggressive initiative to examine the social determinants of health by taking a Life Course approach to both understanding and addressing the disparities that have led to the rise in black maternal and infant mortality in Delaware.

“Addressing this problem requires us all to think beyond the doctor’s office or a prenatal visit. We must work to reach women in their communities and focus on the conditions in which they live, work and play,” said Dr. Rattay. “These determinants can have a significant impact not only on women’s access to care, but also increase their risk for preterm birth.”

The briefing was moderated by Dr. Rahul Gupta, Senior Vice President and Chief Medical and Health Officer, March of Dimes (MoD). Welcoming remarks were provided by MoD President and CEO Stacey D. Stewart, and other panelists included: Tiffany Spina – Parent Advocate, Manassas, VA; Dr. Zsakeba Henderson – Medical Officer, Maternal and Infant Health Branch, Division of Reproductive Health, Centers for Disease Control and Prevention; and Dr. Andrew Bremer – Acting Chief, Pregnancy and Perinatology Branch, Eunice Kennedy Shriver National Institute of Child Health and Development, National Institutes of Health.

Photo courtesy of the Association of State and Territorial Health Officials (ASTHO).

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services. Dial 7-1-1 or 800-232-5460 to type your conversation to a relay operator, who reads your conversation to a hearing person at DPH. The relay operator types the hearing person's spoken words back to the TTY user. To learn more about TTY availability in Delaware, visit <http://delawarerelay.com>.

The Delaware Department of Health and Social Services is committed to improving the quality of the lives of Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations. DPH, a division of DHSS, urges Delawareans to make healthier choices with the 5-2-1 Almost None campaign: eat 5 or more fruits and vegetables each day, have no more than 2 hours of recreational screen time each day (includes TV, computer, gaming), get 1 or more hours of physical activity each day, and drink almost no sugary beverages.